

ISSUE SLIP SAMPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	R.M		10-19-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>[Signature]</i>	TC 886	01-17-02
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	897	03-26-02

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interfered
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

BEST AVAILABLE COPY

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If more than 150 claims or 10 actions
 staple additional sheet here

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852
 10-17-02
 804
 03/27